

ARIZONA – VALLEY FEVER REPORT

April 2008

Summary:

For the year 2007, a total of 4835 valley fever (coccidioidomycosis) cases were reported from across all fifteen counties in Arizona. For the year-to-date 2008, 1503 valley fever cases have been reported to the state: 436 cases for the month of January, 412 cases for February, 308 cases for March, and 347 cases for April.

Valley Fever Activity by County:

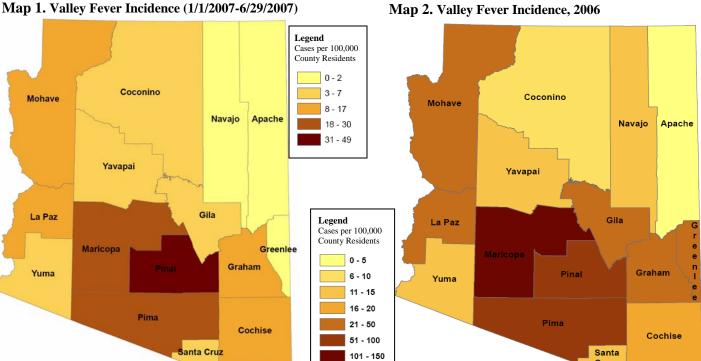


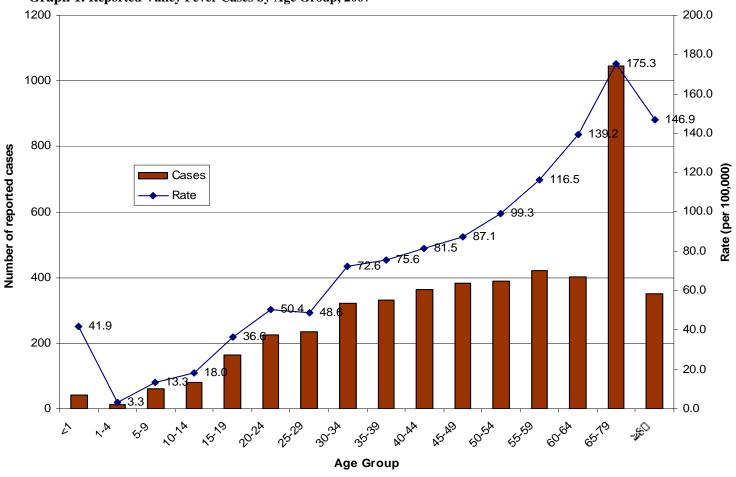
Table 1. Valley Fever Cases by County

COUNTY	APR 2008	APR 2007	YTD 2008	2007
APACHE	0	1	3	5
COCHISE	1	2	5	32
COCONINO	1	1	1	13
GILA	2	0	5	15
GRAHAM	1	1	4	24
GREENLEE	0	0	1	2
LA PAZ	0	0	1	15
MARICOPA	258	288	1106	3462
MOHAVE	0	5	12	50
NAVAJO	1	1	7	11
PIMA	59	55	266	904
PINAL	20	26	81	256
SANTA CRUZ	1	1	3	7
YAVAPAI	1	3	4	26
YUMA	2	1	4	13
TOTAL	347	385	1503	4835

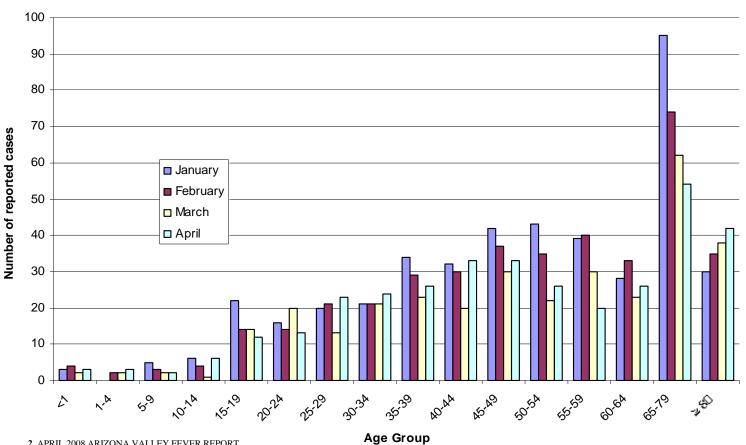
Valley fever cases continue to occur predominantly in the most populated counties of Maricopa, Pinal, and Pima.

Demographics of Valley Fever Cases:

Graph 1. Reported Valley Fever Cases by Age Group, 2007



Graph 2. Valley Fever Cases by Age Group, Year-to-Date 2008



When comparing the number of cases and rates of valley fever by age group (see Graph 1 and 2), we see that the majority of cases continue to occur in people who are 65 years old or older. The average age of valley fever cases for 2007 was 51 (median = 52). We estimate that every year about 50,000 people in the United States (30,000 Arizonans) become ill with valley fever. Most of these cases experience mild flu-like symptoms and are less likely to visit healthcare providers, get tested, and be reported to the health department than people who are more severely ill.

Table 2. Race and Ethnicity of Valley Fever Cases compared to Arizona Demographics

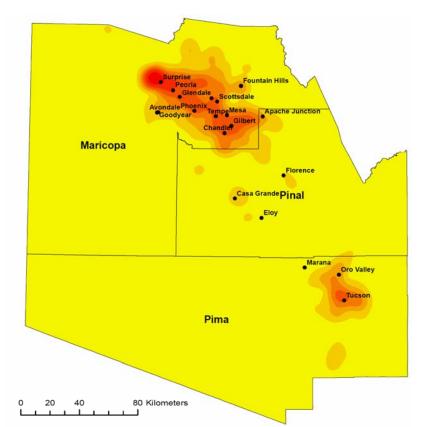
Race	Apr 2008 (n=108)	Apr 2007 (n=167)	YTD 2008 (n=500)	2007 (n=1878)	2007 Demo* (n=6,432,007)
American Indian/ Alaska Native	2 (1.9%)	10 (6.0%)	22 (4.4%)	94 (5.0%)	337,764 (5.3%)
Asian/Hawaiian/ Pacific Island	2 (1.9%)	6 (3.6%)	7 (1.4%)	52 (2.8%)	169,780 (2.6%)
Black/African- American	4 (3.7%)	10 (6.0%)	33 (6.6%)	137 (7.3%)	253,477 (3.9%)
White	87 (80.6%)	131 (78.4%)	381 (76.2%)	1434 (76.4%)	3,872,764 (60.2%)**
Other	13 (12.0%)	10 (6.0%)	57 (11.4%)	161 (8.6%)	_

Ethnicity	Apr 2008 (n=118)	Apr 2007 (n=321)	YTD 2008 (n=1128)	2007 (n=4338)	2007 Demo (n=6,432,007)
Hispanic	15 (12.7%)	17 (5.3%)	67 (5.9%)	275 (6.3%)	1,798,222 (28.0%)
Not Hispanic	45 (38.1%)	64 (19.9%)	218 (19.3%)	868 (20.0%)	4,633,785 (72.0%)
Unknown	58 (49.2%)	240 (74.8%)	843 (74.7%)	3195 (73.7%)	_

Areas with Valley Fever Activity:

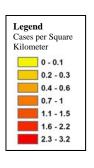
Map 3.

Density Map of Valley Fever Incidence in Maricopa, Pinal & Pima Counties, 2006



For the year 2007, only 39% (1878/4835) of the valley fever cases reported to the state health department contain information about race. African-Americans are more likely to be reported with valley fever as compared to the general population (Table 2).

Map 3 measures valley fever incidence per square kilometer for the year 2006. We are working on a density map for 2007 in our efforts to identify prominent areas of valley fever incidence. Valley fever cases occur primarily in populated areas, most notably in the counties of Maricopa, Pinal, and Pima.



^{*}Arizona Vital Statistics uses five categories for race/ethnicity: American Indian or Alaska Native, Asian or Pacific Islander, Black or African-American, White non-Hispanic and Hispanic or Latino ethnicity. Demo = demographics

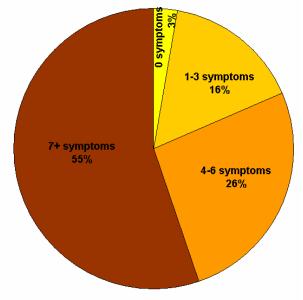
^{**}For 2007 demographics for the state of Arizona, white means white non-Hispanic.

Enhanced Surveillance of Valley Fever:

The Arizona Department of Health Services is carrying out enhanced surveillance measures to investigate valley fever. Our aim is to interview every 10th valley fever case that is reported. So far we have interviewed 482 cases. This report highlights some of the major findings of this project.

Symptoms and Pre-existing Conditions:

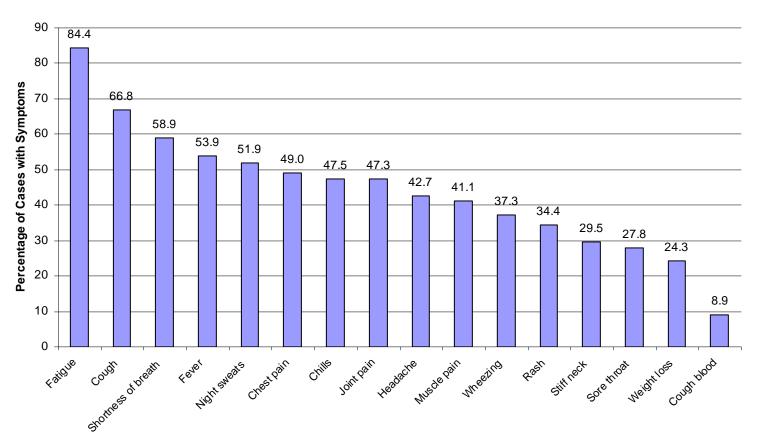
Graph 3. Distribution of Symptoms in Valley Fever Cases*



As shown in Graph 3, 55% of cases interviewed had seven or more symptoms for valley fever. The percentages of cases who reported experiencing some of the most common symptoms of valley fever are shown below in Graph 4. 84% had fatigue and 67% had a cough. Previous data show that 60% of people who are infected with *Coccidioides* species have mild or no symptoms. Thus, people who have symptoms are more likely to visit providers, get tested for valley fever and be reported to the health department. For this reason, our data is more likely to include the most severe cases of coccidioidomycosis.

*The graphs only include the common symptoms of fever, cough, sore throat, wheezing, chills, dyspnea (shortness of breath), night sweats, chest pain, fatigue, hemoptysis (coughing up blood), headache, rash, stiff neck, myalgias (muscle pain), arthralgia (joint pain), and weight loss.

Graph 4. Common Symptoms of Valley Fever Cases*



Types of Symptoms

Diagnosis and Healthcare Visits:

We evaluated where valley fever cases were seen for their illness and how often they sought medical care. As shown in Table 5, 44% of patients reported going to the emergency room at least once over the course of their illness, and 40% said that they were hospitalized overnight for their illness. People with valley fever waited an average of 45 days before seeking care for their symptoms. It took an average of 3 visits to a healthcare provider before a patient was tested for valley fever. 16% of patients asked their providers to test them for valley fever. 29% of patients saw their doctors more than ten times for their valley fever illness (Graph 5). Prior to the most recent diagnoses of valley fever, 10% of patients interviewed had been told that they had valley fever before. 46% of patients were told that they had pneumonia and 58% were treated with antibiotics. 59% of patients were treated with antifungals.

Table 3.
Location where Cases First Sought
Treatment for Valley Fever

Location	Count (n=482)
Emergency room	109 (22.6%)
Primary care physician	268 (55.6%)
Urgent Care	55 (11.4%)
Other	26 (5.4%)
Unknown	24 (5.0%)

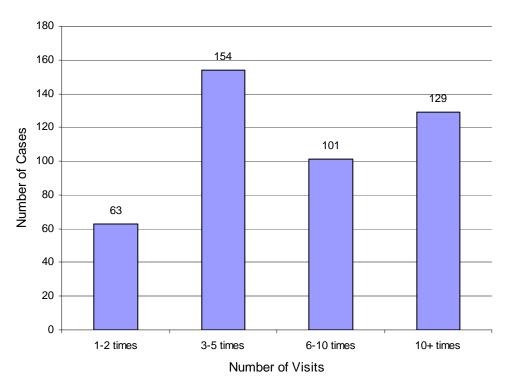
Table 4.
Length of Antibiotic Treatment

Length of treatment	Count (n=293)
Less than 1 week	68 (23.2%)
1-2 weeks	113 (38.6%)
3-4 weeks	41 (14.0%)
1-2 months	19 (6.5%)
Greater than 2 months	18 (6.1%)
Unknown	34 (11.6%)

Table 5. Specifics of Healthcare Visits

Healthcare Visit (n=482)	Yes	No	Unknown
Visited the emergency room for illness	211	247	24
	(43.8%)	(51.2%)	(5.0%)
Hospitalized overnight for illness	192	274	16
	(39.8%)	(56.8%)	(3.3%)
Chest x-ray performed by provider	428	38	16
	(88.8%)	(7.9%)	(3.3%)
Provider informed patient of pneumonia	218	238	26
	(45.2%)	(49.4%)	(5.4%)
Patient knew of diagnosis before contacted by ADHS	384	65	33
	(79.7%)	(13.5%)	(6.8%)
Patient asked provider to test for valley fever	78	385	19
	(16.2%)	(79.9%)	(3.9%)
Provider prescribed antibiotic for illness	279	139	64
	(57.9%)	(28.8%)	(13.3%)
Provider prescribed antifungal for illness	284	173	25
	(58.9%)	(35.9%)	(5.2%)

Graph 5. Number of Times Valley Fever Cases Visited a Healthcare Provider over the



Impact of Valley Fever and Exposures:

Individuals reported that the average length of their symptoms was 190 days (median = 120) (Table 6). However, 56% of the patients had not yet recovered from their symptoms of valley fever at the time of the interview. Of those that have not yet recovered, the average length of symptom duration was 272 days (median = 156). 48% of the cases interviewed had a paid job or business and 12% were attending school when their illnesses began. Of those who had jobs, 74% missed work due to their illnesses, and 62% of those who were attending school missed school due to their illnesses. 74% of the people interviewed said that their illnesses prevented them from doing their usual daily activities. On average, the amount of time missed from performing daily activities was three months (91 days). 51% said they were exposed to dust through their work or daily activities. Most of the cases (73%) said that they spent at least 2 hours a week outdoors (Table 7). 56% of people diagnosed with valley fever said that they lived within one mile of construction.

Table 6.
Symptom Duration and Number of Days Lost for Valley
Fever Cases

Impact of Valley Fever	n	Mean	Median
Symptom duration (days) for those who recovered	163	64.7	42
Symptom duration (days) for those not yet recovered	249	272.0	156
Symptom duration (days) for both recovered and not yet recovered	412	190.0	120
Number of days missed from work	157	31.3	14
Number of days missed from school	36	16.2	8.5
Number of days missed from daily activities	369	90.9	45

Table 7.
Length of Time Spent Outdoors for Valley Fever Cases

Length of Time/Week	Count (n=482)
<2 hrs	48 (10.0)
2-20 hrs	239 (49.6%)
20-40 hrs	76 (15.8%)
>40 hrs	38 (7.9%)
Unknown	81 (16.8%)

Table 8. Dust Exposures for Valley Fever Cases

Exposed	Count (n=278)
Constantly	49 (17.6%)
Intermittently/Sometimes	176 (63.3%)
Rarely	53 (19.1%)

Table 9.
Years Lived in Arizona & Average Age of Cases Interviewed

Demographics	n	Mean	Median
Number of years lived in Arizona	440	16.5	12
Age of cases interviewed	482	52.4	54

Demographics and Valley Fever Awareness:

53% of patients interviewed were male. 57% had a history of smoking. 17% had malignant disease, cancer or transplant as un underlying medical condition present at time of diagnosis. Although the average number of years lived in Arizona at the time of diagnosis was 17 years (Table 9), 40% lived in Arizona for less than 10 years (Graph 6). Our data support the hypothesis that those who are newer to the Arizona area are more susceptible to acquiring valley fever. However, many of our cases lived 10 years or longer in Arizona (Graph 6) indicating that other factors may be important in becoming infected with the *Coccidioides* fungus. Table 9 shows that the average age of the cases interviewed was 52 years old, which is comparable to the average age of reported cases in 2007 (51 years old).

Graph 6.Length of Time that Valley Fever Cases Lived in Arizona Prior to Diagnosis

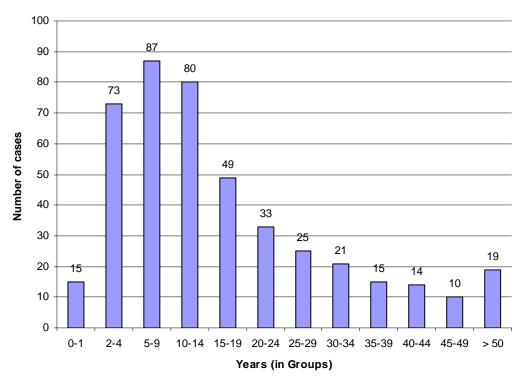


Table 10.
Race and Ethnicity of Valley Fever Cases compared to State Demographics

Race	Cases Inter- viewed (n=482)	2007 (n=1878)	2007 Demo* (n=6,432,007)
American Indian/Alaska Native	11 (2.3%)	94 (5.0%)	337,764 (5.3%)
Asian/Hawaiian/ Pacific Island	21 (4.4%)	52 (2.8%)	169,780 (2.6%)
Black/African-American	36 (7.5%)	137 (7.3%)	253,477 (3.9%)
White	379 (78.6%)	1434 (76.4%)	3,872,764 (60.2%)**
Other	29 (6.0%)	161 (8.6%)	_
Unknown	6 (1.2%)	_	

Ethnicity	Cases Interviewed (n=482)	2007 (n=4338)	2007 Demo (n=6,432,007)
Hispanic	58 (12.0%)	275 (6.3%)	1,798,222 (28.0%)
Not Hispanic	413 (85.7%)	868 (20.0%)	4,633,785 (72.0%)
Unknown	11 (2.3%)	3195 (73.7%)	_

In Table 10, we see that only 2% of cases interviewed during our enhanced surveillance were American Indians compared to the 5% incidence of American Indian valley fever cases. This may suggest the need to communicate with Indian Health Services and other related agencies to identify and interview more American Indians. 90% of the people interviewed had health insurance when they were seeking medical treatment for their illnesses whereas 82% of the Arizonan population is insured (U.S. 2000 Census Data). 66% of the cases said they knew about valley fever before they were diagnosed. Of the people who had previous knowledge about valley fever, only 5% learned about valley fever from their healthcare providers. At the time of the interview, 18% of cases did not know how the disease is contracted.

Further analysis will be done as we complete more interviews and receive more reports.

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